

## **North Carolina Infant-Toddler Program Authorization to Disclose Health Information: Instructions**

**Purpose:** Multiple service providers may be listed on the authorization form as long as they are involved in the coordination of services for the child and family and share the same purpose of the disclosure. Also, the disclosure may be reciprocal if the named parties are involved in the coordination of services and share the same purpose of the disclosure. If circumstances exist for a child and family that would make the listing of multiple persons on an authorization form inappropriate, individual authorization forms for each provider should be completed. Whenever a need arises to release information to a party not already included on a valid authorization, a new authorization to include this party must be completed. When appropriate, Service Coordinators should include the referral source in such a joint authorization in order to involve the referral source in follow-up, ensure continuity of care, enhance coordination among all service providers, and to prevent the duplication of services.

Prior to disclosing and exchanging specific health information from the records to and from particular individual(s) or agency(s), this authorization form provides the means for obtaining the parent or guardian's permission to release that information. The parent or guardian must be provided with a copy of this release. *For additional guidance, see the North Carolina Infant-Toddler Program Confidentiality Procedural Guidance.*

- Instructions:**
1. Enter the child's name and date of birth.
  2. Enter the name of the parent, legal guardian, or personal representative who is granting consent for the disclosure or exchange of information.
  3. Enter the name of the provider(s), agency(s), or individual(s) who will be disclosing or exchanging information.
  4. Enter the name(s) and address(s) of the provider(s), agency(s) or individual(s) to whom you are releasing or requesting information.
  5. Describe the purpose of the disclosure or exchange of information, e.g., eligibility determination, assistance with the transition process.
  6. Check each type of applicable information to be disclosed/exchanged. If a specific category is not listed, check "other" and enter a description of the information being disclosed or exchanged. You may strike through the types of information that do not apply to ensure that you are not violating other legal requirements.
  7. Enter the reason the Authorization is to expire -- a specific date, event, or condition. Authorization cannot exceed one year from the date it was granted.
  8. The parent, legal guardian, or personal representative must sign and date the authorization indicating his or her understanding that any action taken prior to the expiration date is legal and binding.
  9. Enter relationship of the person acting on behalf of the child – parent, legal guardian, or personal representative.
  10. Use the Revocation Section of the form to withdraw the authorization in its entirety. Indicate the child's name, the name of the person who signed the original authorization, the date the original authorization was signed, and the effective date of the revocation. Leave the client signature blank. A witness is required only if the parent cannot sign his or her name. The person revoking authorization must sign and date the form. Enter relationship of the person acting on behalf of the child – parent, legal guardian, or personal representative.

**Disposition:** Infant-Toddler Program records, including financial and automated information, must be maintained based upon the Infant Toddler Program's record retention policy. Records must be archived in accordance with state requirements to ensure their preservation for the required length of time.